

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name EL CID RESTAURANT, INC.

2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 27-2156112

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 174 8th Avenue New York, NY 10011 P.O. Box, Number, Street, City, State & ZIP Code New York Location of principal assets, if different from principal place of business County Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify:

Debtor EL CID RESTAURANT, INC. Case number (if known) _____
Name

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor EL CID RESTAURANT, INC. Case number (if known) _____
Name

- 11. Why is the case filed in this district?** *Check all that apply:*
- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
 - A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

- 12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**
- No
 - Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** *(Check all that apply.)*
- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
 - It needs to be physically secured or protected from the weather.
 - It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
 - Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- No
 - Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

- 13. Debtor's estimation of available funds** *Check one:*
- Funds will be available for distribution to unsecured creditors.
 - After any administrative expenses are paid, no funds will be available to unsecured creditors.

- 14. Estimated number of creditors**
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

- 15. Estimated Assets**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

- 16. Estimated liabilities**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor EL CID RESTAURANT, INC. Case number (if known) _____
Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I have been authorized to file this petition on behalf of the debtor.
I have examined the information in this petition and have a reasonable belief that the information is true and correct.
I declare under penalty of perjury that the foregoing is true and correct.

Executed on October , 2016
MM / DD / YYYY

X /s/ Francisco Bermeo Francisco Bermeo
Signature of authorized representative of debtor Printed name
Title President

18. Signature of attorney

X /s/ Gabriel Del Virginia, Esq. October , 2016
Signature of attorney for debtor MM / DD / YYYY

Gabriel Del Virginia, Esq.
Printed name

LAW OFFICES OF GABRIEL DEL VIRGINIA
Firm name

30 Wall Street,
12th Floor,
New York, NY 10005
Number, Street, City, State & ZIP Code

Contact phone 212-371-5478 Email address gabriel.delvirginia@verizon.net

(GDV-4951)
Bar number and State

Fill in this information to identify the case:

Debtor name EL CID RESTAURANT, INC.
 United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK
 Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
174 8th Ave Associates 178 East Broadway #10 New York, NY 10005		Past due payments under unexpired lease of nonresidential real property	Contingent Unliquidated Disputed			\$75,000.00
CONSOLIDATED EDISON CO. JAF STATION PO BOX 1702 NEW YORK, NY		Utility	Contingent Unliquidated Disputed			\$7,545.78
Crown Waste Corp P.O. Box 1133 Bethpage, NY 11714		Disposal	Contingent Unliquidated Disputed			\$2,000.00
Empire Merchants 16 Bridgewater Street Brooklyn, NY 11222-1232		Trade supplier	Contingent Unliquidated Disputed			\$1,017.19
IRS/Centralized Insolvency Post Office Box 7346 Philadelphia, PA 19101-7346		Tax-941	Contingent Unliquidated Disputed			\$75,202.42
Media Group-City Guide		Advertise	Contingent Unliquidated Disputed			\$26,000.00
NY State Dept of Labor P.O. Box 15122 Albany, NY 12212		Overtime underpayment	Contingent Unliquidated Disputed			\$74,513.00
NYC Department of Finance Attn. Legal Affairs 345 Adams Street-3rd Floor Brooklyn, NY 11201		Notice				\$0.00

Debtor EL CID RESTAURANT, INC.
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
NYS Dept. of Tax. & Finan Bankruptcy Unit P.O. Box 5300 Albany, NY 12205-5300		Sales Tax	Contingent Unliquidated Disputed			\$85,000.00
Open Table Payment LockBox POB 671198 Dallas, TX 75267-1198			Contingent Unliquidated Disputed			\$440.00
South Wine and Spirits National Commercial Services PO Box 5415 Hauppauge, NY 11788		Trade supplier	Contingent Unliquidated Disputed			\$12,000.00
Time Warner Cable of NYC PO BOX 9227 Uniondale, NY 11555		Cable services	Contingent Unliquidated Disputed			\$3,600.00

174 8TH AVE ASSOCIATES
178 EAST BROADWAY
#10
NEW YORK, NY 10005

CONSOLIDATED EDISON CO.
JAF STATION
PO BOX 1702
NEW YORK, NY

CROWN WASTE CORP
P.O. BOX 1133
BETHPAGE, NY 11714

EMPIRE MERCHANTS
16 BRIDGEWATER STREET
BROOKLYN, NY 11222-1232

HORWITZ & ZIM, ESQS
260 MADISON AVENUE
NEW YORK, NY 10016

IRS/CENTRALIZED INSOLVENCY
POST OFFICE BOX 7346
PHILADELPHIA, PA 19101-7346

KAZLOW & KAZLOW, ESQS
237 WEST 35TH ST
14TH
NEW YORK, NY 10001

MEDIA GROUP-CITY GUIDE

NY STATE DEPT OF LABOR
P.O. BOX 15122
ALBANY, NY 12212

NY STATE DEPT OF LABOR
75 VARICK STREET
7 FLOOR
NEW YORK, NY 10013

NYC DEPARTMENT OF FINANCE
ATTN. LEGAL AFFAIRS
345 ADAMS STREET-3RD FLOOR
BROOKLYN, NY 11201

NYS DEPT. OF TAX. & FINAN
BANKRUPTCY UNIT
P.O. BOX 5300
ALBANY, NY 12205-5300

OPEN TABLE
PAYMENT LOCKBOX
POB 671198
DALLAS, TX 75267-1198

SOUTH WINE AND SPIRITS
NATIONAL COMMERCIAL SERVICES
PO BOX 5415
HAUPPAUGE, NY 11788

SOUTHER WINE AND SPIRITS
P.O. BOX 1308
SYOSSET, NY 11791

TIME WARNER CABLE OF NYC
PO BOX 9227
UNIONDALE, NY 11555

UNITED STATES ATTORNEY'S OFC
ATTN: TAX & BANKRUPTCY UNIT
86 CHAMBERS STREET, THIRD FLOOR
NEW YORK, NY 10007

UNITED STATES ATTORNEY'S OFC
ATTN: TAX & BANKRUPTCY UNIT
86 CHAMBERS STREET, THIRD FLOOR
NEW YORK, NY 10007

UNITED STATES TRUSTEES
SDNY
201 VARICK STREET SUITE 1006
NEW YORK, NY 10014

**United States Bankruptcy Court
Southern District of New York**

In re EL CID RESTAURANT, INC.

Debtor(s)

Case No. _____

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for EL CID RESTAURANT, INC. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

October , 2016

Date

/s/ Gabriel Del Virginia, Esq.

Gabriel Del Virginia, Esq. (GDV-4951)

Signature of Attorney or Litigant

Counsel for EL CID RESTAURANT, INC.

LAW OFFICES OF GABRIEL DEL VIRGINIA

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12th Floor,

New York, NY 10005

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